Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000646573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: LEGALZOOM.COM INC.

Account Number : I20010000062

Phone Fax Number : (323)962-8600 : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION GILMORE GRAPHICS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section Division of Corporations TROP

TRANSMITTAL LETTER

SUBJECT: GILMORE GRAPHICS, INC.	
	orporation - must include suffix)
Dear Sir or Madam:	
	tion for Authorization to Transact Business in Florida," itted to register the above referenced foreign corporation to
Please return all correspondence concerning the	is matter to the following:
lmelda Vasquez	
(Name of Person)
Legalzoom.com, Inc.	
	Firm/Company)
100 W. Broadaway Suite 100	
	(Address)
Glendale, CA 91210	
	ty/State and Zip code)
For further information concerning this matter	
Imelda Vasquez at (323 962-8600
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee Certificate of Sta	

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(State or country under the law of which it is incorporated) JANUARY 23, 1995 (Date of incorporation) (Perpetual (Principal office address) (Current mailing address, if different) (Current mailing address, if different) Name: United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tampa (City) (City) (Zip code)	(If name unavail	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)					
(State or country under the lew of which it is incorporated) JANUARY 23, 1995 (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11 Big Island Trail, Ponte Vedra, Florida 32081 (Principal office address) 11 Big Island Trail, Ponte Vedra, Florida 32081 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 13302 Winding Oak Blvd., Suite A Tampa (City) Florida (Zip code)	New York		16-1474495				
(Date of incorporation) (Date of incorporation, if other than perpetual) (Date of incorporation, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11 Big Island Trail, Ponte Vedra, Florida 32081 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 13302 Winding Oak Blvd., Suite A Tampa Florida (City) (City) (City) (City) (Date of ituration, if other than perpetual) (Pate of ituration, if other than perpetual)		y under the law of which it is incorporated)	(FEI number, if applicable)				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11 Big Island Trail, Ponte Vedra, Florida 32081 (Principal office address) (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 13302 Winding Oak Blvd., Suite A Tampa Florida (City) (City) (Zip code)	TANDIADV 23	1005	Perpetual				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11 Big Island Trail, Ponte Vedra, Florida 32081 (Principal office address) (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 13302 Winding Oak Blvd., Suite A Tampa Florida (City) (City) (City) (City) (City) (Principal office address) (Principal office address)	(Date	of incorporation)	(Date of fluration, if other than perpetual)				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11 Big Island Trail, Ponte Vedra, Florida 32081 (Principal office address) (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tampa Florida (City)							
(Principal office address) 11 Big Island Trail, Ponte Vedra, Florida 32081 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tampa Florida (City) (City) (Zip code)							
11 Big Island Trail, Ponte Vedra, Florida 32081 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tampa Florida (City) (City) (Zip code)	11 Big Island Tr	nit, Ponte Vedra, Florida 32081					
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tampa (City)	11 Div Island Te		neipal office address)				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tampa (City) Florida (Zip code)	11 Dig farmin 11						
ffice Address: 13302 Winding Oak Blvd., Suite A Florida		(Curent in	annig address, it differenty				
ffice Address: 13302 Winding Oak Blvd., Suite A Florida			المينية المسترات الم المسترات المسترات ا				
ffice Address: 13302 Winding Oak Blvd., Suite A Tampa Florida 33612 (Zlp code)	Name and stre	et address of Florida registered agent:	(P.O. Box, NOT accentable)				
Tampa , Florida 33612 (Zip code)		**	(P.O. Box NOT acceptable)				
	Name:	United States Corporation Agents, Inc.	(P.O. Box NOT acceptable)				
The state of the s	Name:	United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A	33612				
Desirtand agentle accompany	Name:	United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tampa	Florida 33612				
	Name: ffice Address: Registered ag	United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tempa (City) ent's acceptance:	Florida 33612 CIp code)				
islanated in this application, I hereby accept the appointment as registered agent and agree to act in this cap	Name: ffice Address: Registered ag aving been namesignated in this	United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tampa (City) ent's acceptance: ted as registered agent and to accept so application, I hereby accept the appoint	Florida 33612 (Zlp code) ervice of process for the above stated corporation at latment as registered agent and agree to act in this continuent.				
isignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap rther agree to comply with the provisions of all statutes relative to the proper and complete performance of t	Name: Tice Address: Registered ag aving been nan islanded in this	United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tampa (City) ent's acceptance: ted as registered agent and to accept so application, I hereby accept the appointment of all statut	ervice of process for the above stated corporation at latment as registered agent and agree to act in this described to the proper and complete performance.				
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap orther agree to comply with the provisions of all statutes relative to the proper and complete performance of utles, and I am familiar with and accept the obligations of my position as registered agent.	Name: office Address: Registered ag faving been nan esignated in this urther agree to	United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tampa (City) ent's acceptance: ted as registered agent and to accept so application, I hereby accept the appointment of all statut	ervice of process for the above stated corporation at intment as registered agent and agree to act in this cles relative to the proper and complete performance as of my position as registered agent.				
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap The agree to comply with the provisions of all statutes relative to the proper and complete performance of i	Name: Office Address: Registered agistonian designated in this arther agree to contact the contact of the con	United States Corporation Agents, Inc. 13302 Winding Oak Blvd., Suite A Tampa (City) ent's acceptance: ted as registered agent and to accept so application, I hereby accept the appointment of all statut	ervice of process for the above stated corporation at intiment as registered agent and agree to act in this cles relative to the proper and complete performance as of my position as registered agent. Choyenne Moseley, Assistant Se				

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

	usiness addresses of officers and/or directors:	J. P. Carlot
11. Names and b	usiness addresses of officers and/or directors:	
A. DIRECTORS		1 C
Chairman:		Pi
		ું છે.
		5分。 7分。
Vice Chairman:		
		-
		_
Director: Louanne	Pontecorvo	_
	land Trail	
	dra, Florida 32081	_
Director:		-
		 -
Address:		
B. OFFICERS		-
	Pontecorvo	
II Ble Je	land Trail	_
Address; Ponte Ve	dra, Florida 32081	-
Vice President:		-
		_
Louanne Sceretary:	Pantecoryo	-
•	and Trail, Ponte Vedra, Florida 32081	_
	Pontecorvo	-
	and Trail, Ponto Vedra, Florida 32081	<u></u>
	ary, you may attach an addendum to the application listing additional officers and/or directors.	-
i2	Tringer Torder	
are true and that he	Signature of Director or Officer ctor signing this document (and who is listed in number 11 above) affirms that the facts stated herein e or she is aware that false information submitted in a document to the Department of State constitutes my as provided for in s.817.155, F.S.	_
	corvo, President	
	(Typed or printed name and capacity of person signing application)	-

State of New York Department of State } ss.

I hereby certify, that the Certificate of Incorporation of GILMORE GRAPHICS, INC. was filed on 01/23/1995, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



201512240222 * 30

Witness my hand and the official seal of the Department of State at the City of Albany, this 23rd day of December two thousand and fifteen.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

